NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.

Safer Medical Device Implementation in Health Care Facilities

Sharing Lessons Learned

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.

Forming a Sharps Prevention Team
For The Long Term Care Practice Setting

The following report presents the plans and processes developed when forming the Sharps Prevention Team for a privately owned long term care organization. This organization includes nine facilities, with a total of 800 beds. Each facility offers skilled, rehabilitation and intermediate nursing care services, services for the mentally retarded, or a combination of these services.

Before beginning a plan to form a Sharps Prevention Team, Governing Body authorization was needed to begin the project for the prevention of needle stick injuries according to the OSHA's Bloodborne Pathogens standard, published in Title 29 of the Code of Federal Regulations. The governing body consists of the organizations Owners, CEO, CFO and the Corporate Compliance Officer.

Prior to authorizing approval for an organization-wide plan, the Governing Body received a general background briefing on blood born pathogen issues from the Executive Director of Nursing Services. The outline for this briefing is provided as Attachment 1. After the approval to proceed was authorized, the Executive Director of Nursing Services began the project by forming a sharps injury prevention team.

The structure of the team is illustrated in Figure 1. The team was designed to include representatives involved in the planning, purchasing, and use of any type of sharps devices utilized in the facilities. In order to identify these representatives, the purchasing invoices for all supplies were reviewed first by the Purchasing Director and the Executive Director of Nursing Services. Once all possible sharps devices were identified, the list was distributed to each of the nine facility administrators for identification of employees that use or may be in contact with the identified devices.

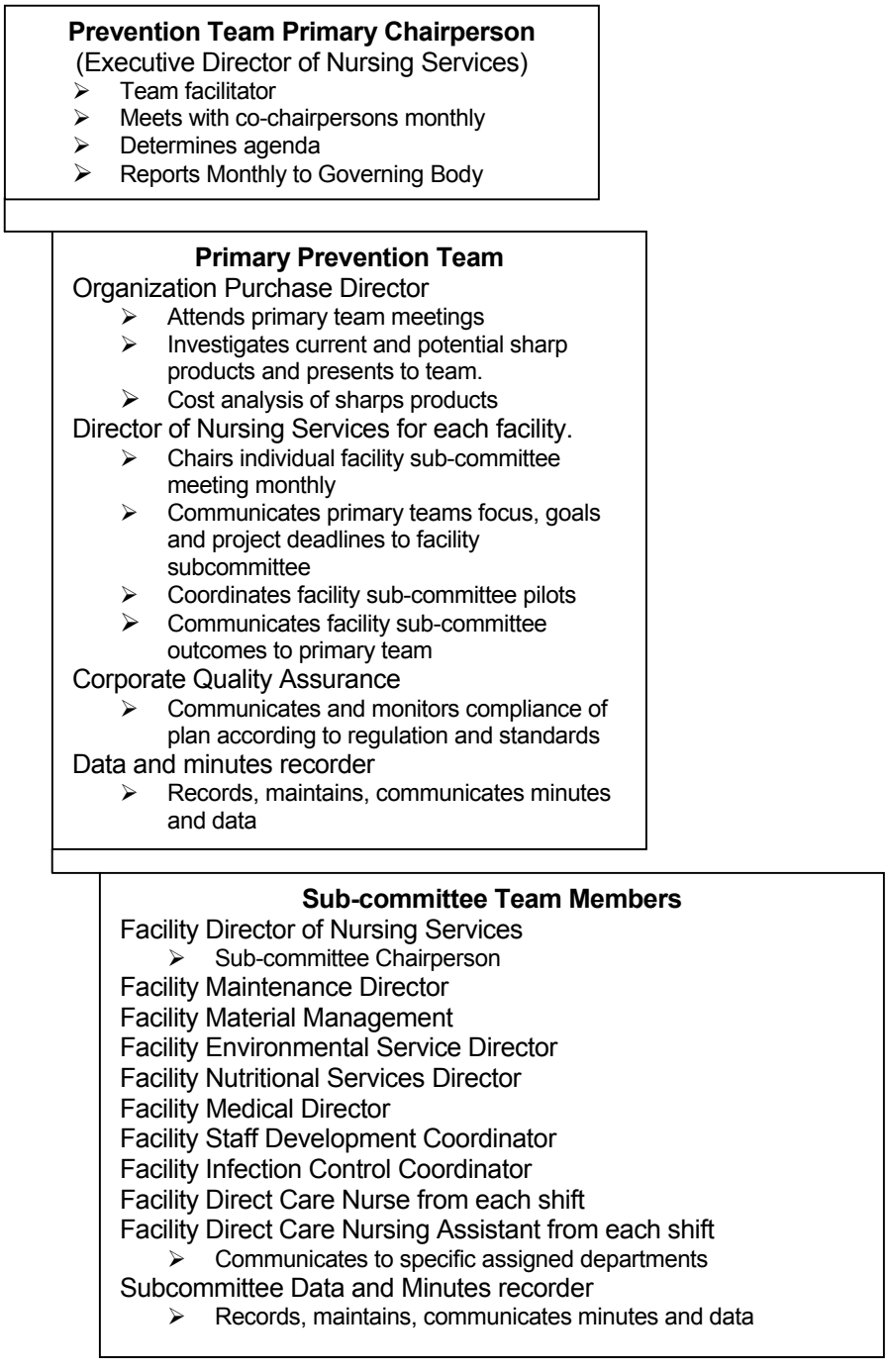
The following is a list of all job classifications within the organization in which all employees have occupational exposure to sharps devices:

JOB TITLE	**DEPARTMENT/LOCATION**
Nurses (all)	Nursing
Nursing Assistants (all)	Nursing
Therapy	Therapy Department (contracted Service)
Respiratory Therapy	Per contracted Services
Laboratory Services	Per contracted services
Physicians	Per physician credentialed list

The following is a list of job classifications in which **some** employees within the organization that have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
Housekeeper	Environmental Services	Handling regulated waste
Laundry	Environmental Services	Handling of linen
Maintenance	Environmental Services	Resident equipment services and repair
Dietary	Nutritional Services	Handling of resident meal trays
Activities	Activities	Resident contact

Figure 1 – Sharps Prevention Team Structure



Initial Meeting

The initial meeting was facilitated by the primary chairperson and included all members of the primary team and all members of the subcommittee teams. This initial meeting included education, team member responsibilities, plans, target dates, and goals. The initial meeting lasted approximately five hours. This meeting included a lunch for all members attending.

Committee rules and practices were outlined at the initial meeting.

Meeting Facilitation

Each subcommittee chair had previous training and experience with facilitating meetings and planning agendas.

Planning for absences

An important aspect to the success of any committee is the direction to team members in the event of absences. Absences are inevitable, but can delay deadlines and target dates if contingent plans are not made clear initially.

Each team member was instructed that they were responsible for notifying the chairperson of meeting absences, forwarding required reports prior to the meeting date if absence was planned, and obtaining the meeting minutes from the recording and data team person.

Communication of plans and outcomes

Each team member was responsible to communicate to his or her specific assigned departments throughout the process. Communication and education was determined upon the decision of each subcommittee. Some subcommittees prepared education for all staff within the facilities and others planned communication and education within the individual department.

Quarterly Meetings

The primary committee team continues to meet quarterly. These meetings are facilitated by the primary chairperson and conducted after the completion of each project phase and the beginning of a new phase. These meetings include all members of the primary committee and the subcommittee. Quarterly meetings are scheduled for the morning for approximately 3 hours. Lunch is provided to all team members at the conclusion of each meeting. The goals of these meetings are:

1. Identification of priorities
2. Identifying and screening of safe medical devices
3. Evaluation of safe medical devices
4. Implementation of safe medical devices

Primary Team Meetings

Primary team meetings were held on the first Tuesday of every month. Each primary team meeting was held in the morning at the corporate office and lasted approximately three hours. Lunch was provided after each meeting.

Subcommittee Team Meetings

Subcommittee team meetings were held at the individual facilities on the third Tuesday of each month. Times were facility specific, and the meetings lasted approximately 2 hours. Direct care hourly staff members were paid for their time to attend and prepare for the meetings. Subcommittee meeting agendas were prepared during the primary committee meetings and remained consistent throughout the organization. Facility medical directors were not always available to attend each scheduled meeting, but they were provided updates by the subcommittee chairpersons at monthly quality assurance meetings.

Conclusion

To date all phases of our needlestick injury prevention project are complete, but our prevention team continues to meet and monitor the progress on the plan. In retrospect the team was very successful with implementing organization compliance with NIOSH guidelines for preventing needlestick injuries in the long-term health care setting. The lessons learned and obstacles overcome included:

- Include contracted services in the communication of team plans, goals and target dates.

  Example: Although the organization's intentions were planned in conjunction with the regulations and standards, some contracted services were not prepared to implement their own needlestick prevention policies and were non-compliant with the organizations plans in some instances. The inclusion of contracted laboratory and hospice services is crucial to the over-all success of the plan.

- Assure that devices planned for a pilot study are available in adequate supply from the sales provider.

  Example: Some vendors were not able to provide the adequate supply needed to initiate a pilot project for testing of devices.

- Notify all employees that all sharps utilized in the facility must first be approved by the Sharps Injury Prevention Team.

  Example: Some employees were discovered to have used items such as personal lancets obtained from various sales persons who visited the facility. The items did not have facility-approved policies in place and in some instances posed an exposure risk.

- Involve the employee recruitment and retention teams in communicating the organization's exposure control plans, its overall commitment to preventing needlestick and sharps injuries, and its level of compliance with meeting applicable regulations.

  Example: The human resource recruitment and retention team reported positive feedback when informing prospective and current employees of the organization's commitment to prevention and the exposure control plan.

Staffing Hours

Type of Staff	Hours Spent on Phase 1 Forming a Sharps Prevention Team
Management	5 hours = Initial Meeting 2 hours = Initial Subcommittee 2 hours = communication of first phase to facility staff and facility medical directors *Each subcommittee member at management level x above hours)*
Administrative	6 hours = preparation for Governing body education 1 hour = education of Governing Body 3 hours = identification of team members and users of sharps 4 hours = preparation for Initial Meeting 5 hours = Initial Meeting 1 hour = reporting of first phase to governing body 2 hours = recording and distribution of minutes 4 hours = policy formation and implementation *Administrative -Prevention Team Primary Chairperson*
Front Line	5 hours = Initial Meeting- 2 hours = First Subcommittee Meeting *Each front Line (Direct Care) x number of hours above*
Total	41 hours

Other, non-labor items

Catered lunches
Office supplies- copies of meeting invitations, regulations, agendas, posters, and minutes.

Attachment 1
Governing Body Bloodborne Pathogens Briefing
Preventing Needlestick Injuries in the Health Care Setting

1. Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and human immunodeficiency virus, or HIV. Workers exposed to these pathogens risk serious illness or death.
2. The Needlestick Safety and Prevention Act (the Act) (Pub. L. 106-430) was signed into law on November 6, 2000. Because occupational exposure to bloodborne pathogens from accidental sharps injuries in healthcare and other occupational settings continues to be a serious problem, Congress felt that a modification to OSHA's Bloodborne Pathogens Standard was appropriate (29 CFR 1910.1030) to set forth in greater detail (and make more specific) OSHA's requirement for employers to identify, evaluate, and implement safer medical devices. The Act also mandated additional requirements for maintaining a sharps injury log and for the involvement of non-managerial healthcare workers in evaluating and choosing devices.
3. The organizations current status of compliance with the regulation and identified areas of needed compliance.
4. Current over-all cost for sharps.
5. Proposed plan:
    a. Forming a sharps prevention committee

        a1. Proposed budget for reimbursement for hourly staff involved in team participation.

    b. Identifying priorities
    c. Identify and screen safer medical devices/ identification cost analysis
    d. Evaluating safer medical devices
    e. Implementation and monitoring the use of the new safer medical device
6. Reporting timetable
7. Request for authorization to proceed with plan

    After the approval to proceed was authorized, the Executive Director of Nursing Services began the project by forming a sharps injury prevention team.